

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009528

1. Entity Name

FRAY ANGELICO STUDIOS, INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90009 016 ***150.00

Principal Place of Business

330 N CONGRESS AVE
DELRAY BEACH FL 33445

Mailing Address

330 N CONGRESS AVE
DELRAY BEACH FL 33445

2. Principal Place of Business

491 W. Camino Real
Suite, Apt. #, etc. 2

3. Mailing Address

491 W. Camino Real
Suite, Apt. #, etc. 2

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

4. FEI Number

65-0895560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALDARRIAGA, JUAN G.
330 N CONGRESS AVE
DELRAY BEACH FL 33445
491 W. Camino Real #2
Boca Raton, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Juan Saldarriaga

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SALDARRIAGA, JUAN G.
STREET ADDRESS 7825 CAMINO REAL STE J 105
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SALDARRIAGA, JUAN G. ☒ Change ☐ Addition
STREET ADDRESS 491 W. Camino Real #
CITY-ST-ZIP Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Juan Saldarriaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)